2006 **4-ES**

Wisconsin Corporation Estimated Tax Voucher

Use this form only if your taxable year begins in 2006

Make check payable to and mail to: Wisconsin Department of Revenue Box 93194

Milwaukee, WI 53293-0194

| Person to Contact Regarding Payment | | ephone Number | This estimated tax payment is for: | |
|-------------------------------------|--|--------------------------|---|-------------------|
| | | deral Employer ID Number | 2006 calendar year Fiscal year beginning Short taxable year beginning | , 2006 , 2006, |
| Corporation Name | | and ending | , 20 | |
| Corporation Name | | | Payments are due by the 15th day of the 3rd, 6th, 9th, and 12th month of the taxable year and, for corporations receiving extensions, by th 15th day of the 3rd month after the end of the taxable year. Amount of Payment | |
| Number and Street | | | | |
| | | | | |

PLEASE DO NOT WRITE IN THIS SPACE

DC-045

²⁰⁰⁶ **4-ES**

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cut here

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Box 93194
Milwaukee, WI 53293-0194

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|-------------------------------------|-------|---------------------------|---|--|--|
| | Fe | ederal Employer ID Number | Fiscal year beginning | | |
| Corporation Name | | | and ending | | |
| Number and Street | | | 15th day of the 3rd month after the end of the taxable year. Amount of Payment | | |
| City | State | ZIP Code | \$ 11111. | | |

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DC-045

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| | Fed | deral Employer ID Number | Fiscal year beginning | _, 2006 _, 2006, |
| Corporation Name | | | and ending, 20 Payments are due by the 15th day of the 3rd, 6th, 9th, and 12th mont of the taxable year and, for corporations receiving extensions, by t | |
| Number and Street | | | 15th day of the 3rd month after the end of the taxable year. Amount of Payment | |
| City | State | ZIP Code | \$ | |

2006 4 EC

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Milwaukee, WI 53293-0194

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|-------------------------------------|-------|--------------------------|---|--|
| | Fed | deral Employer ID Number | Fiscal year beginning | |
| Corporation Name | | | and ending | |
| Number and Street | | | 15th day of the 3rd month after the end of the taxable year. Amount of Payment | |
| City | State | ZIP Code | \$ | |

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|-------------------------------------|----------|--------------------------|---|----|--|
| | Fe | deral Employer ID Number | Fiscal year beginning | | |
| Corporation Name | r | | and ending, 20 | | |
| Number and Street | | | 15th day of the 3rd month after the end of the taxable year. Amount of Payment | 10 | |
| City | State | ZIP Code | \$ 11111. | | |